



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
AKIONA	DERON		225-3753
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
171 Kihapai	KAILUA	HI	96734
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Accurate Information Systems, Inc.	225-3753
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1144 Young Street	Honolulu HI 96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
DERON AKIONA	225-3753
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1144 Young Street	Honolulu HI 96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

[Signature]

(Signature of Lobbyist)

02/04/03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
DERON AKIONA	Vice-President
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Accurate Informations Systems, Inc.	225-3753
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1144 Young St.	Honolulu HI 96814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<i>[Signature]</i>	02/06/03
(Signature of Authorizing Officer or Person Represented)	(Date)